ATTORNEY DOCKET NO.: 26169-167825 (formerly KI 7043272001)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Ruixiang ZHANG

Confirmation No.: 5038

Application No.:

ntor(s):

10/511,902

Examiner:

Susan Coe Hoffman

Filing Date:

October 20, 2004

Group Art Unit:

1655

Title:

INJECTION MADE FROM IXERIS SONCHIFOLIA HANCE OR TREATMENT OF CARDIO-CEREBRAL VASCULAR DISEASE AND FUNDUS DISEASES AND METHOD OF

ISSUE FEE PAYMENT TRANSMITTAL

Mail Stop Box Issue Fee

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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In accordance with the Notice of Allowance and Issue Fee Due mailed August 16, 2006, applicants are submitting herewith the Issue Fee Transmittal (Part B) in the above-captioned application.

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Respectfully submitted,

Fei-Fei Chao, Ph.D.

Attorney/Agent for Applicant(s)

Reg. No. 43,538

Date: October 3, 2006

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APPLICATION NO.	ATION NO. FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/511,902	10/20/2004		<u> </u>	Ruixiang Zhang			KI7043272001. 5038		
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nonprovisional	YES	\$700		\$300	\$0			\$1000	11/16/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	ASS-SUBCLASS				
HOFFMAN, SUSAN COE 1655			1655	424-725000					
. Change of correspondence address or indication of "Fee Address" (3° FR 1.363). Change of correspondence address (or Change of Correspondenc Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
. ASSIGNEE NAME A	ND RESIDENCE DATA	ТОВ	E PRINTED ON T	HE PATENT (print or	type	19/95/20	106 Hee	RHEL DEBEON.38	002518 10511902
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Maoxiang Wang Tianjin City, CHINA									
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